

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097830005
APPLICANT(S)

FILING DATE

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
						IND.	DEP.	IND.	DEP.	IND.	DEP.
1											
2						51					
3						52					
4						53					
5						54					
6						55					
7						56					
8						57					
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39						88					
40						89					
41						90					
42						91					
43						92					
44						93					
45						94					
46						95					
47						96					
48						97					
49						98					
50						99					
TOTAL IND.	2					TOTAL IND.					
TOTAL DEP.	30					TOTAL DEP.					
TOTAL CLAIMS	32					TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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